Name in Full — Esther Majors,

Certificate of Death

Died at — Town — County: Wicomico Co — MARYLAND

Date 1897 — Month: Sept — Day: 11

Age — Y. M. D.: 60 yrs

Native of: Ind

Occupation

Male — White — Married —

Female — — Colored — Single

Widow — Widower — Divorced — Number of children living

Husband / Wife of: Wm Majors.

Father's Name: Robert Russell

Mother's Name

Cause of Death — Primary: 151

Immediate: Poison - Paris green

How long sick

Accident, Suicide, Homicide

Reported by: J. G. Crawford Hardela Springs

Address: Wicomico Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. Ind.

LIBRARY BUREAU, 79998

Attended by Dr.

of

Seen by Coroner

of

Name in Full George Butler Col. Certificate of Death

Died at Town County Wic MARYLAND

Date 189 9 Month Sept Day 1 Age Y. 33 M. D. Native of Occupation Farmer

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name Mother's Name 38

Cause of Death Primary Glycosuria How long sick

Immediate Exhaustion Accident, Suicide, Homicide

Reported by J T T Long

Address Allen Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full — Certificate of Death

Pearl Elizabeth Clark

Died ~~at~~ near Powellsville (Town), Wicomico (County), MARYLAND

Date 1899, Month: Sept., Day: 11th | Age Y. 22 - M. 2 - D. 27 | Native of Wicomico Co, Md | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living One

~~Husband~~ Wife of Ebenezer Clark

Father's Name Minos E. West

Mother's Name Mary E. West

Cause of Death, Primary: Confinement — 119a

How long sick: Three weeks

Cause of Death, Immediate: Fever continued - prostration

Accident, Suicide, Homicide

Reported by G. W. Freeny

Address Pittsville, Md

Must be signed by physician, if any in attendance, otherwise [illegible] coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Harry Dennis

Certificate of Death

Died at Town Near Hebron County Wicomico MARYLAND

Date 1899 Month Sept. Day 2nd Age Y. M. D. 11-17 Native of Maryland Occupation

Male / ~~Female~~ White / Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living none

Husband of ~~Wife~~

Father's Name Thomas Dennis Mother's Name Georgiana Dennis

Cause of Death Primary Don't Know

Immediate " "

161

How long sick Don't Know

Accident, ~~Suicide, Homicide~~

Reported by Geo. E. Hill

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.____________________

of____________________

Information contained in this certificate received from____________________

of____________________

Name in Full Rufus Evans

Certificate of Death

Died at Town Parsonsburg County Wicomico MARYLAND

Date 1899 Month Sept Day 9

Age Y. about 53 M. D. he did not know

Native of Delaware

Occupation Day Laborer

Male ~~Female~~

White ~~Colored~~

Married ~~Single~~

~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living Six

Husband ~~Wife~~ of Rachel Briddle Evans

Father's Name Peter Evans

Mother's Name Mary Smith

Cause of Death Primary Osteoma Cancer in the Malor Bone

How long sick 11 months

Immediate General Exhaustion ~~Accident, Suicide, Homicide~~

Reported by Geo. V. Truitt M.D.,

Address Parsonsburg Wicomico Co, Md,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full Goydy Child of Frank Gyordy

Certificate of Death

Died at Town willard County wicomi MARYLAND

Date 1897 Month Sept Day 9

Age Y. M. D. —

Native of

Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single Widower ~~Number~~ of children living

Husband / Wife of

Father's Name Frank Gyordy

Mother's Name

Cause of Death Primary

Cause of Death Immediate

How long sick

Accident, Suicide, Homicide

Reported by J. R. Farlow

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name In Full Certificate of Death

Jesse Jeffries

Died at Town Salisbury County Wicomico MARYLAND

Date 1899 Month Sept. Day 6th Age Y. One M. D. Native of Maryland ~~Occupation~~

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name Jesse Jeffries Mother's Name Sally J. Jeffries

Cause of Death Primary Dont know How long sick

Immediate " " 161 Accident, Suicide, Homicide

Reported by Geo. C. Hill

Address Salisbury

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.______________________________

of______________________________

Information contained in this certificate received from________________________

of________________________

Name in Full Certificate of Death

Martha Parsons

Died at Town Salisbury County Wicomico MARYLAND

Date 1899 Month Sept Day 17 | Age Y. 74 M. D. | Native of Md | Occupation Factory Lady

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of Single

Father's Name Jno Wm Parsons Mother's Name / Parsons

Cause of Death Primary Typhoid Fever How long sick 6 weeks

Immediate Heart Failure ~~Accident, Suicide, Homicide~~

OVER

Reported by F. M. Slemons M. D.

Address Salisbury / Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.____________________

of____________________

Seen by Coroner____________________,

of____________________

Information contained in this certificate received from____________________

of____________________

Name In Full William Pollitt

Certificate of Death

Died at Town County Wicomico Co MARYLAND

Date 1899 Month Sept Day 3

Age Y. M. D. 60 yrs

Native of Md

Occupation Farmer

Male – Female

White – Colored

Married – Single

Widow Widower

Divorced

Number of children living

Husband of Wife Margaret Pollitt

Father's Name

Mother's Name

Cause of Death Primary 22a

How long sick 1 yr

Immediate Consumption

Accident, Suicide, Homicide

Reported by C. G. Porter [illegible]

Address Wicomico Co Md.

Must be signed by physician, if any in attendance, otherwise b[illegible]roner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Attended by Dr. L. E. Wilson

of Mar Sula Springs,

Seen by Coroner

of

Name in Full Louisa Simmons

Certificate of Death

Died at Town Delmar County Wicomico MARYLAND

Date 1899 Month Sept Day 7

Age Y. 24 M. D.

Native of Pensylv

Occupation Housewife [illegible]

~~Male~~ Female

White ~~Colored~~

Married / ~~Single~~

Widow Widower

Divorced

Number of children living

Husband / Wife of Wm G Simmons

Father's Name William Furey

Mother's Name Mrs Wm Furry

Cause of Death Primary Consumption 22a

How long sick 1 yr

Immediate Hemorage

Accident, Suicide, Homicide

Reported by W. S. Marvel

Address Delmar Del

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. ____________________

of ____________________

Seen by Coroner ____________________

of ____________________

Information contained in this certificate received from ____________________

____

Name In Full Mrs. Mary E. Wilson

Certificate of Death

Died at (Town) near Delmar (County) Wicomico MARYLAND

Date 1899 (Month) Sept. (Day) 21

Age (Y.) 78 – (M.) 9 – (D.) 0

Native of Md.

Occupation Housekeeper

~~Male~~ Female

White ~~Colored~~

~~Married~~ ~~Single~~

Widow ~~Widower~~

~~Divorced~~

Number of children living Three

Husband / Wife of Isaac Wilson

Father's Name Wm. Revell

Mother's Name Polly Revell

Cause of Death

Primary Dont Know 16

Immediate supposed to be dropsy

How long sick

Accident, Suicide, Homicide

Reported by Geo. C. Hill

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. Dr Robert Ellegood
of Delmar Del.

Information contained in this certificate received from her Son James Wilson
of Near Delmar